

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90105 048 \*\*\*150.00

**DOCUMENT # F95000005904**

1. Entity Name

**MINNESOTA BBC PROPERTY CO.**

Principal Place of Business

**PO BOX 9312  
 MINNEAPOLIS MN 55440-9312**

Mailing Address

**PO BOX 9312  
 MINNEAPOLIS MN 55440-9312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**55344**

**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**41-1788391**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **DCEO**  
 STREET ADDRESS **SCHULZE, RICHARD M**  
 CITY-ST-ZIP **5015 NOB HILL DRIVE  
 EDINA MN 55435**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DP**  
 STREET ADDRESS **ANDERSON, BRADBURY H**  
 CITY-ST-ZIP **1874 SUMMIT AVE.  
 ST. PAUL MN 55101**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **DV**  
 STREET ADDRESS **LENZMEIER, ALLEN U**  
 CITY-ST-ZIP **322 MISSISSIPPI RIVER BLVD. N.  
 ST. PAUL MN 55104-4927**

TITLE ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **VT**  
 STREET ADDRESS **JACKSON, DARREN**  
 CITY-ST-ZIP **290 WOODLAWN AVENUE  
 SAINT PAUL MN 55105-1237**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **V**  
 STREET ADDRESS **MATRE, PATRICK**  
 CITY-ST-ZIP **1558 GOODRICH AVE.  
 ST. PAUL MN 55105**

TITLE ☐ Change ☒ Addition  
 NAME **Assistant Treasurer**  
 STREET ADDRESS **Constance Kotula**  
 CITY-ST-ZIP **10306 Laurel Dr  
 Eden Prairie, MN 55347**

TITLE ☐ Delete  
 NAME **VS**  
 STREET ADDRESS **JOYCE, JOSEPH M**  
 CITY-ST-ZIP **13115 - 37TH AVE. N.  
 PLYMOUTH MN 55441**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Constance Kotula** 4/16/02 952/947-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)